FY 2022-2023

# Indiana State Department of Health

Division of Maternal and Child Health

# My Healthy Baby Home Visiting

Request for Applications

# Contents

EXECUTIVE SUMMARY	. 3
I. FUNDING OPPORTUNITY DESCRIPTION	. 3
Purpose	. 3
Background	. 4
II. AWARD INFORMATION	. 4
Type of Application and Award	. 4
Summary of Funding	. 5
III. ELIGIBILITY INFORMATION	. 5
Eligible Applicants	. 5
IV. SUMMARY OF TIMELINE	. 5
V. APPLICATION AND SUBMISSION INFORMATION	. 6
Address to submit questions	. 6
Address to submit applications	. 6
Application Page Format and Limitations	. 6
Application Content	. 6
VI. EVALUATION CRITERIA	. 9
Review Process	. 9
Priority	. 9
VII. REQUIRED REPORTING	. 9
VIII. CONTACTS	. 9
Points of Contact	9

#### **EXECUTIVE SUMMARY**

The Indiana Department of Health, Maternal and Child Health is accepting applications for My Healthy Baby infrastructure grants. You (the applicant organization) are responsible for complying with instructions included in section V. of this Request for Applications (RFA).

Funding Opportunity Title:	My Healthy Baby Infrastructure Grants
Due Dates for Applications:	1/21/2022
Anticipated Total Available Funding:	\$500,000
Estimated Number and Type of Awards:	Varied
Estimated Award Amount:	Varied
Cost Sharing/Match Required	No
Project Period:	5/1/2022 – 6/30/2023
Eligible Applicants:	Eligible applicants include organizations who have an established evidenced-based perinatal home visiting model or Indianaspecific model that includes voluntary perinatal home visiting as the primary service delivery strategy.

# I. FUNDING OPPORTUNITY DESCRIPTION

#### **Purpose**

This notice solicits applications. The purpose of this opportunity is to support one-time recipient-level infrastructure costs incurred to assure delivery of coordinated and comprehensive high-quality voluntary perinatal home visiting services to families.

#### **Project Goals**

The overall vision of the My Healthy Baby Initiative is to reduce infant mortality in Indiana. This vision is accomplished through the following goals and objectives:

1. Connect pregnant women and new mothers to home visiting programs that provide personalized guidance and support to a woman during her pregnancy through 12 months after her baby's birth.

- 2. Support local home visiting programs in providing appropriate, high-quality services to pregnant women and new mothers in Indiana.
- 3. Create a context that increases women's willingness to engage in home visiting services.
- 4. Monitor outcomes and adjust as needed.

#### Successful recipients will:

- Have an established evidence-based perinatal home visiting model or Indiana specific model that:
  - Include voluntary perinatal home visiting as the primary service delivery strategy
  - Has been well established in the local community for at least one year
  - Target outcomes including breastfeeding, safe sleep, tobacco cessation, and birth spacing.
- Have at least one identified infrastructure cost barrier and plans to utilize this funding opportunity for addressing identified barrier(s).

#### **Background**

#### **Current Funding**

This program is authorized by House Enrolled Act 1007 (IC 16-35-1-11 Sec.11).

#### Limit on Use of Funds

For the purposed of this RFA, the term 'infrastructure expenditures" refers to the costs necessary to enable recipients to deliver home visiting services but <u>may not</u> include the costs such as staff time, mileage for visitation, indirect costs, or other human resource costs.

Allowable recipient level expenditures may include the following:

- Professional development training or other appropriate expenses related to meet the one or more of the My Healthy Baby Standards.
- Technology enhancements to better serve the program population,
- Language access costs to serve non-English speaking clients,
- Costs related to client enrollment and/or retention,
- Costs related to staff recruitment and/or retention,
- Costs related to data sharing with My Healthy Baby.

#### II. AWARD INFORMATION

#### Type of Application and Award

Type(s) of applications sought: New Grant Awards

#### **Summary of Funding**

The IDOH MCH expects to award up to \$500,000. The IDOH will communicate via email. The project period of performance is 5/1/2022 - 6/30/2023. Funding is dependent on satisfactory recipient application.

# III. ELIGIBILITY INFORMATION

#### **Eligible Applicants**

Eligible applicants include organizations who have an established, evidence-based perinatal home visiting model or Indiana-specific model that includes voluntary perinatal home visiting as the primary service delivery strategy.

# IV. SUMMARY OF TIMELINE

Dates are a general estimate and subject to change without notice.

Event:	Date:
Posting of Request for Applications	Wednesday, December 8, 2021
Deadline to Submit Written Questions	Wednesday, December 15, 2021
Response to Written Questions to Website	Wednesday, December 22, 2021
Application Due Date	Friday, January 21, 2022
	By 5:00pm EST
Award Announcements	Friday, February 4, 2022
Project Begins	5/1/2022
Interim Reports	Q1:
	Q2:
	Q3:
	Q4:
	Annual Report
Project Concludes	6/30/2023
Final Reports	

The IDOH intends to sign contracts with multiple respondents to fulfill the requirements in this RFA. The term of the contract shall be for at least a period of one (1) year from the date of contract execution expiring 6/30/2023.

#### V. APPLICATION AND SUBMISSION INFORMATION

#### Address to submit questions

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be submitted in writing via email.

SUBMIT APPLICATIONS VIA EMAIL TO: myhealthybaby@isdh.in.gov

EMAIL SUBJECT LINE: My Healthy Baby Infrastructure Grant RFA Question

Applicants are encouraged to submit questions by the designated due date of **5:00 p.m. EST on Wednesday**, **December 15, 2021**. The questions will be compiled into a single "E-mail Forum" document that will be posted online for all applicants and will provide answers to the proposed questions by Wednesday, December 22, 2021.

#### Address to submit applications

To be considered for this competitive funding, a completed application must be received by IDOH by **NO LATER THAN January 21, 2022 by 5:00pm EST.** 

SUBMIT APPLICATIONS VIA EMAIL TO: myhealthybaby@isdh.in.gov

EMAIL SUBJECT LINE: My Healthy Baby 2022 Infrastructure Grant Application

#### **Application Instructions**

Please refer to this document for all required application information. The application must be completed on the application template provided. The template provided should not be changed and will serve as the page limit. Please ensure font is legible and application is concise. Any applications received that are not on the template, past the submission deadline, or font size is too small to read will not be accepted for review. During the review process, the IDOH may request additional information from applicant.

#### **Application Content**

#### Section 1 Primary Information

Please provide the applying organization's information below on the cover page.

- 1. Organization Legal Name
- 2. Organization Address

- 3. Program Contact Name
- 4. Contact Title
- 5. Contact Email
- 6. Additional Contacts
- 7. Signatory Name
- 8. Signatory Title
- 9. Signatory Email
- 10. Signatory Textable Cell Phone Number- needed for DocuSign process
- 11. Tax ID/EIN
- 12. IDOA Bidder ID

#### Section 2 Project Overview

This section must provide a description of the program, funding amount requested, counties served, and the anticipated reach.

#### Section 3A Program Overview

This section must provide a clear picture of the program(s).

- Include a brief history of the organization
- Describe how the organization's mission, structure, and current activities contribute to the ability to meet program goals and how the organization is best positioned to fulfill this funding opportunity.
- How does this program serve populations disproportionately impacted by poor birth outcomes
- Major successes in providing services

#### Section 3B Funding Request

This section should describe the funding request in detail and how the funds will complement current services.

- Describe how the proposed project (s) or service(s) will be implemented.
  - Identify any other organization that will participate in the proposed project.
    Describe their roles, responsibilities, funding, or resources being provided and commitment to the project.
- Describe the potential barriers to success of the project and how these barriers will be addressed.

#### Section 3C Project Goals:

This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives.

- Provide the overall project goals, outcomes and objectives for the proposed programs.
  Ensure SMARTIE objectives are used: Specific, Measurable, Achievable, Realistic, Timebound, Inclusive, and Equitable.
- Describe how achievement of the goals will produce meaningful and relevant results.

#### Section 3-D Evaluation and Reporting

All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. Describe the program's ability to collect the data necessary to adequately demonstrate progress made in achieving the project's goals and objectives.

Recipients will be required to submit quarterly progress reports on meeting project goals and expenditure of funds. Quarterly reporting periods will be defined as follows. Reports will be due no later than 15 days after the end of each reporting period outlining progress to date:

- Q1 May 1-September 30;
- Q2 October 1-December 31;
- Q3 January 1-March 31; and
- Q4 April 1-June 30.

#### Section 4 Budget Justification

Please provide justification for each expense laid out in the budget. Please be as specific as possible for all the line items.

#### Budget

The budget worksheet to be submitted with the application as a separate Microsoft Excel document. **DO NOT** substitute a different format. Create a deliverable based budget for the period 5/1/2022-6/30/2023. Please use the budget reference tab for a detailed description of costs and rates as applicable. The budget is an estimate of what the project will cost. In this section, be sure to demonstrate that:

- All expenses are directly related to the project;
- The relationship between budget and project objectives is clear; and
- Each budget item is clearly identified in the Budget Justification.

# VI. EVALUATION CRITERIA

# **Review Process**

Applications will be reviewed for completeness and funds will be awarded based upon the assessed need.

# VIII. CONTACTS

**Points of Contact** 

**PROGRAM** 

Eden Bezy, MCH Director

317-233-1252

MyHealthyBaby@isdh.in.gov